

**UNION COUNTY CORRECTIONAL FACILITY CHURCH/VOLUNTEER  
CLEARANCE APPLICATION**

Church Group/Organization: \_\_\_\_\_

Do you wish to have contact visits? \_\_\_\_\_

Are you sanctioned by your church/organization to counsel inmates? \_\_\_\_\_

**CRIMINAL HISTORY AUTHORIZATION FORM**

(Information provided will be kept confidential)

I, \_\_\_\_\_, hereby authorize Union County to  
(Please Print Your Name)

conduct a routine Criminal History Background Check in connection with my request for the above volunteer position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Female \_\_\_\_\_ Male \_\_\_\_\_

Phone Number:

\_\_\_\_\_  
\*Date of Birth

\_\_\_\_\_  
\*Drivers License #/State

Mailing Address:

\_\_\_\_\_  
\*Social Security #

\*Information needed to ensure accurate identification and information match.

Approve/Disapprove/Reason: \_\_\_\_\_  
\_\_\_\_\_